## **State Of Washington Charter School Commission**

## **Notice of Intent to Apply**

This information will be used to ensure that your applicant group receives all of the appropriate communications from the Commission throughout the charter application process.

Name of Non-Profit Applicant			Academy of Arts and Sciences						
Primary Contact Information									
Name	Julie Trolett	Julie Troletti							
Address	900 Hamps	900 Hampshire Road Suite A, Thousand Oaks, CA 91361							
Phone	818-817-1054								
Email	Julie.trolett	Julie.troletti@aascalifornia.org							
Partner Information (if applicable)									
		Bas	ic Informatio	on for Scho	ool Open	ing Fall 2014			
Proposed School Name			e	Opening Year	Geographic Community and/or City		Grades served Year 1	Grades served at capacity	
Washington STEM				2014	Seattle		K-12	K-12	
Model x	New		Conversio	n					
Proposed S	chool Descrip	tion							
School Model Specialty (check all that apply)		Alternative □ Disability (list):   Arts □ Language Immersion   x Blended Learning □ Military   □ Career and Technical Education □ Montessori   □ College Prep □ STEM   □ Other (list): □ Virtual							
In 100 words or less, briefly describe the mission and vision of your proposed school		The mission of Washington STEM is to develop leaders, passionate about making a positive contribution to their local and global communities. We will accomplish this by:  1. Implementing an academically rigorous, inquiry-based, college preparatory curriculum.  2. Developing socially responsible citizens through 21st century learning.  3. Cultivating an atmosphere of curiosity and inquiry in the areas of Science, Technology, Engineering, and Mathematics.  4. Developing meaningful relationships and opportunities in the areas of Science, Technology, Engineering, and Mathematics.							

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I certify that I have the authority to submit this Letter of Intent and that all information contained herein is complete and accurate. I recognize that any misrepresentation could result in disqualification from the application process or revocation after authorization. The person named as the contact person for the application is so authorized to serve as the primary contact for this application on behalf of the organization.

Que Troletto		
	10/20/13	
Signature of Primary Contact		Date